2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

HERE

SIGNATURE

SECRETARY OF STATE TALLAHASSEE, FLORIDA **DOCUMENT # A01000001164** 08 APR 17 AM 11: 37 VIRGIN ISLANDS ASSOCIATES, L.L.L.P. Principal Place of Business Mailing Address 240 SOUTH PINEAPPLE AVE., TENTH FLOOR 240 SOUTH PINEAPPLE AVE., TENTH FLOOR SARASOTA, FL. 34236 SARASOTA, FL 34236 2. Principal Place of Business - No P.O. Box # 3. Mailing Address P.O. Box 49948 Suite, Apt. #, etc. Suite, Apt. #, etc. 01252008 Chg-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For Sarasota, FL 65-1134420 Not Applicable Zio 215 Country Country \$8.75 Additional 5. Certificate of Status Desired 34230<u>–6948</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name David S. Band MCCOMB, WILLIAM E Sirest Address (P.O. Box Number is Not Acceptable). 240 S. Pineapple Ave., 10th Floor 1124 LAKESHORE DRIVE SARASOTA, FL 34231 <u>Sarasota</u> 34236 8. The above named entity submits this statement large purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of 08 typed or skillted name of registered agent and title if applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS NAME BAND, DAVID S STREET ADDRESS 240 SOUTH PINEAPPLE AVE., TENTH FLOOR 700123844947 CITY-S1-ZIP 04/17/08--01006--010 **500.00 CITY-S1-ZIP SARASOTA, FL 34236 DOCUMENT # STREET ADDRESS MCCOMB, WILLIAM E NAME STREET ADDRESS 1124 LAKESHORE DRIVE CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34231 DOCUMENT # STREET ADORESS NAME STREET ADDRESS City-St-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

David S. Band,

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

General Partner

941-366-6660